

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32829**  
Registrar's No. **8625**

**FILED OCT 1 1952** **318** **1003**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis, Mo.</b> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis</b> TOWN <b>2249</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>24 2010 Cherokee.</b>	
3. NAME OF DECEASED (Type or Print) <b>Elizabeth</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 13, 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-7-1887</b>
9. AGE (In years last birthday) <b>65</b>		10. IF UNDER 1 YEAR: Days _____ If UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Richard Fritz</b>		13b. MOTHER'S MAIDEN NAME <b>Sophie</b>	
14. NAME OF HUSBAND OR WIFE <b>Christen, Rudolph (deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John Christen--6147 Adkins</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis - acute</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 minutes</b>  ANTECEDENT CAUSES DUE TO (b) <b>Post op hypertension for Adeno. Ch. aft. fundus lacer.</b> DUE TO (c) <b>Diabetes Mellitus - mild</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>No gross evidence of spread of malignancy</b> 4 days 3 1/2 yrs.	
19a. DATE OF OPERATION <b>10 Sept 52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Multiple Adhesions - the malignancy</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>172X</b>			
22. I hereby certify that I attended the deceased from <b>29 July 1952</b> , to <b>13 Sept 1952</b> , that I last saw the deceased alive on <b>13 Sept 1952</b> , and that death occurred at <b>6:45 P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Hubert A. Ritter M.D.</b>		23b. ADDRESS <b>1325 S. Grand St. Louis, Mo.</b>	
23c. DATE SIGNED <b>14 Sept 52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9/17/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>N. St. Marcus Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Charles Smith</b>		ADDRESS <b>3634 Gravois</b>	

DATE REC'D BY LOCAL REG. **SEP 15 1952**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.